

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Marsha Blackburn for Congress, Inc.

A.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 105378

City
AtlantaState
GAZip Code
30348-5378Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2004
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-1493

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	4

Amount of Each Disbursement this Period

238.66

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
B.

Full Name (Last, First, Middle Initial)

Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City
AlexandriaState
VAZip Code
22314-1219Purpose of Disbursement
Administrative/Salary/Overhead

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2004
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-1737

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	4

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
C.

Full Name (Last, First, Middle Initial)

RELY ON YOUR BELIEFS FUND

Mailing Address 1300 Pennsylvania Avenue NW
Suite 700City
WashingtonState
DCZip Code
20004-3024Purpose of Disbursement
Inkind:

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2004
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-I-1868

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	4

Amount of Each Disbursement this Period

967.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2205.66

TOTAL This Period (last page this line number only)